



INFORMATION ABOUT HEPATITIS B VIRUS (HBV) and VACCINATION

Hepatitis B Information

Hepatitis B is a serious disease caused by a virus that attacks the liver. The hepatitis B virus may cause life long infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Workers who have direct contact with human or primate blood and blood products are at risk for exposure to hepatitis B virus.

Hepatitis B Vaccine

Hepatitis B vaccine provides immunization against all hepatitis B, but not against hepatitis A or C. The vaccine utilizes the non-infectious portion of the B virus and is produced in yeast cells. It is produced without the use of human blood or blood products.

A full course of immunization requires 3 doses of the vaccine to be given at specific intervals over a 6-month period. Most healthy people who receive the full course will develop a protective antibody against hepatitis B virus. The duration of protection of hepatitis B vaccine is unknown at this time. However post-vaccination antibody testing can detect this and one additional series of hepatitis B vaccination can sometimes generate immunity.

Possible Side effects from Hepatitis B Vaccine

Local reactions such as redness or tenderness at the injection site may occur. A few people may experience a low-grade fever, chills, nausea, joint pain, headache, or mild fatigue. These reactions are infrequent and usually subside within 48 hours.

Warning

Anyone who has had a serious problem after any vaccination or who is allergic to yeast should talk to his/her health care provider before receiving a vaccine. Pregnant women, nursing mothers, and immunosuppressed individuals should consult their clinicians before taking this vaccine.



HEPATITIS B MEDICAL SURVEILLANCE FORM

NAME _____ EMPLOYEE # _____ WORK PHONE # _____
PRINT

SUPERVISOR _____ LBNL GROUP (e.g., PI Lab Name) _____

ANSWER AT LEAST ONE OF THE FOLLOWING FOUR SECTIONS

1. I Already Have Immunity (by vaccination or infection)

I am sure of this: _____ Approximate dates (optional): _____

SIGNATURE _____ DATE _____

2. I May Have Immunity (by partial completion of the vaccination series or by infection)

- I am not certain, and I would like to find out by having a HBV antibody titer test: _____
- If you started the vaccine, approximately when and how many of the three shots were given:

SIGNATURE _____ DATE _____

3. Consent for Vaccination

I have read the above information about hepatitis B and hepatitis B vaccine. I have had the opportunity to ask questions which were answered to my satisfaction. I understand that three doses are recommended to generate immunity, and that I am responsible for returning for additional injections as directed. There is no guarantee that I will become immune or that I will not experience an adverse effect from the vaccine. I believe I understand the benefits and risks of hepatitis B vaccination. I consent to take the vaccination series.

SIGNATURE _____ DATE _____

4. Hepatitis Vaccine Declination Statement

If you decide not to participate in our Hepatitis B vaccination program: In order to comply with the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030), you must sign this declination statement so that it can be included in your medical record. Should you decide in the future that you wish to be vaccinated, please let your supervisor know and contact Health Services at 510-486-6266.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine I can receive the vaccination series at no charge to me.

SIGNATURE _____ DATE _____